


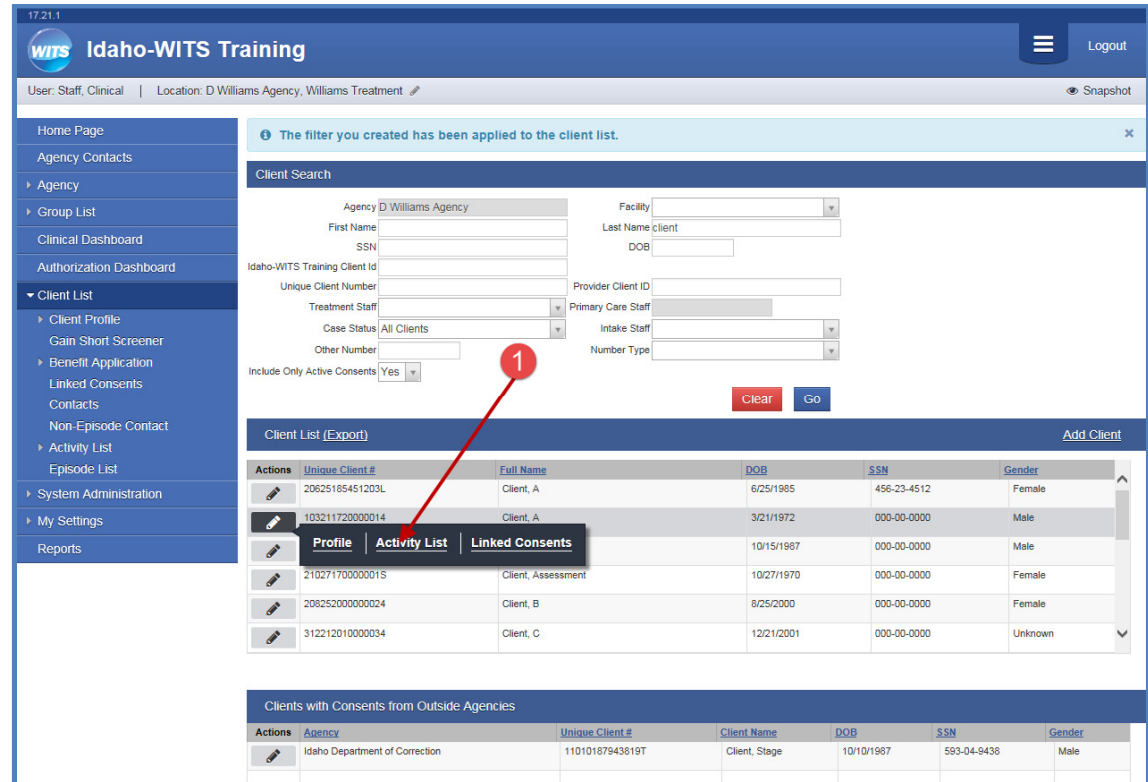
Closing a Client with an Admission Record

Episodes should be closed if the client has not received services in 30 days.

NOTE: IDHW & IDOC often require notification through Authorization Change Requests of a client discharging from your agency. Please go to the WITS Website www.wits.idaho.gov, under WITS User Guides, Authorization Change Requests, to review the overview and processes document that applies to the client's discharge situation.

Close the Program Enrollment


1. **Getting here:** Login, select the **Facility**, select **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen, find client, **hover over the**  **and select Activity List.**



The screenshot shows the Idaho-WITS Training interface. The top navigation bar includes the WITS logo, the text "Idaho-WITS Training", and a "Logout" button. Below the navigation bar, the user is logged in as "User: Staff, Clinical" and the location is "D Williams Agency, Williams Treatment". A message states: "The filter you created has been applied to the client list." The main content area is titled "Client Search" and contains various search filters. A red circle with the number "1" highlights the "Client List" link in the left navigation pane. Below the search filters, there is a "Client List (Export)" section with a table of clients. The table has columns for Actions, Unique Client #, Full Name, DOB, SSN, and Gender. The first row is highlighted, and a tooltip shows the "Profile", "Activity List", and "Linked Consents" options. Below the main client list, there is a section for "Clients with Consents from Outside Agencies" with a table showing clients from the Idaho Department of Correction.

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	20625185451203L	Client, A	6/25/1985	456-23-4512	Female
	103211720000014	Client, A	3/21/1972	000-00-0000	Male
	21027170000001S	Client, Assessment	10/15/1987	000-00-0000	Male
	208252000000024	Client, B	10/27/1970	000-00-0000	Female
	208252000000024	Client, B	6/25/2000	000-00-0000	Female
	312212010000034	Client, C	12/21/2001	000-00-0000	Unknown

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender
	Idaho Department of Correction	11010187943819T	Client, Stage	10/10/1987	593-04-9438	Male

2. Hover over the  and click Review
for the appropriate Client Program Enrollment.

17.21.1







WITS Idaho-WITS Training Logout

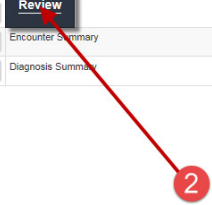
User: Staff, Clinical | Location: D Williams Agency, Williams Treatment Snapshot

Client: Client, A | 103211720000014 | 1 Clear Client

- Home Page
- Agency Contacts
- Agency
- Group List
- Clinical Dashboard
- Authorization Dashboard
- Client List
 - Client Profile
 - Gain Short Screener
 - Benefit Application
 - Linked Consents
 - Contacts
 - Non-Episode Contact
 - Activity List
 - Intake
 - Fee Determination

Client Activity List

Actions	Activity	Activity Date	Created Date	Status
	Client Information (Profile)	4/14/2014	5/1/2014	Completed
	Intake Transaction	4/14/2014	5/1/2014	Completed
	Client Program Enrollment (Adult Outpatient)	4/14/2014	5/1/2014	Enrollment in Progress (Details)
	Review	4/15/2014	5/1/2014	Completed
	Encounter Summary	5/1/2014	5/1/2014	Completed
	Diagnosis Summary	5/1/2014	5/1/2014	Not Applicable



2

3. Enter the **Days on the Wait List** if necessary.
4. Enter the **End Date**. The Termination Reason will become required once the End Date is entered.

ms Agency, Williams Treatment Snapshot

Client: Client, A | 103211720000014 | 1 Clear Client

Program Enrollment Profile

Facility	Williams Treatment	Days on Wait List	Start Date	4/14/2014
Program Name	Adult Outpatient		End Date	
Program Staff	Buskey, Michelle			
BPA Authorization #				
Termination Reason				
Notes				

TEDS/NOMS Status at Program Enrollment (4/14/2014)

Enrollment Type	Initial Admission	DSM Diagnosis	305.00-Alcohol Abuse(DSM IV)
# of Arrests in Last 30 Days	0	Marital Status	Divorced
Pregnant at Enrollment	Not Applicable	Living Arrangement	Private Res w/o Support
Methadone Used as Part of Tx	No	Employment Status	Not Seeking Work
Psychiatric Problem in Addition to Alcohol/Drug Problem	No	Highest Education Level Completed	Baccalaureate Degree (BA,BS)
Primary Drug		Secondary Drug	
Drug Type	Alcohol	None	None
Detailed Drug	Alcohol	Not Applicable	Not Applicable
Freq of Use	Daily	N/A	N/A
Route of Intake	Oral	N/A	N/A
Age of First Use	15	96	96

Primary Income Src: None
Expected Payment Src: State Funded (IDHW, IDJC, IDOC, IS)
Health Insurance: None

Actions

Complete TEDS/NOMS Disenroll Status [Enroll in Concurrent Program](#)

Cancel Save Finish

5. Select the Termination Reason.

6. Click Save.

ms Agency, Williams Treatment Snapshot

Client: Client, A | 103211720000014 | 1 Clear Client

Program Enrollment Profile

Facility Williams Treatment

Days on Wait List 0

Start Date 4/14/2014

Program Name Adult Outpatient

End Date 5/1/2014

Program Staff Buskey, Michelle

BPA Authorization #

Termination Reason

Notes

TEDS/NOMS Status at Program Enrollment (4/14/2014)

Enrollment Type Initial Admission

DSM Diagnosis 305.00-Alcohol Abuse(DSM IV)

of Arrests in Last 30 Days 0

Marital Status Divorced

Pregnant at Enrollment Not Applicable

Living Arrangement Private Res w/o Support

Methadone Used as Part of Tx No

Employment Status Not Seeking Work

Psychiatric Problem in Addition to Alcohol/Drug Problem No

Highest Education Level Completed Baccalaureate Degree (BA,BS)

Primary Income Src None

Expected Payment Src State Funded (IDHW, IDJC, IDOC, IS

Health Insurance None

Primary Drug

Drug Type Alcohol

Detailed Drug Alcohol

Freq of Use Daily

Route of Intake Oral

Age of First Use 15

Secondary Drug

None

Not Applicable

N/A

N/A

96

Tertiary Drug

None

Not Applicable

N/A

N/A

96

Actions

Complete TEDS/NOMS Disenroll Status

Enroll in Concurrent Program

Cancel Save Finish

4

7. Click the link **Complete TEDS/NOMS**
Disenroll Status.

ms Agency, Williams Treatment Snapshot

Client: Client, A | 103211720000014 | 1 Clear Client

Program Enrollment Profile

Facility Williams Treatment Days on Wait List 0 Start Date 4/14/2014
Program Name Adult Outpatient End Date 5/1/2014
Program Staff Buskey, Michelle
BPA Authorization #
Termination Reason Treatment Completed
Notes

TEDS/NOMS Status at Program Enrollment (4/14/2014)

Enrollment Type Initial Admission	DSM Diagnosis 305.00-Alcohol Abuse(DSM IV)	
# of Arrests in Last 30 Days 0	Marital Status Divorced	Primary Income Src None
Pregnant at Enrollment Not Applicable	Living Arrangement Private Res w/o Support	Expected Payment Src State Funded (IDHW, IDJC, IDOC, IS
Methadone Used as Part of Tx No	Employment Status Not Seeking Work	Health Insurance None
Psychiatric Problem in Addition to Alcohol/Drug Problem No	Highest Education Level Completed Baccalaureate Degree (BA,BS)	

Primary Drug	Secondary Drug	Tertiary Drug
Drug Type Alcohol	None	None
Detailed Drug Alcohol	Not Applicable	Not Applicable
Freq of Use Daily	N/A	N/A
Route of Intake Oral	N/A	N/A
Age of First Use 15	96	96

Actions

[Complete TEDS/NOMS Disenroll Status](#) [Enroll in Concurrent Program](#)

Cancel Save Finish

8. Complete all light yellow fields.

9. Click Save.

ms Agency, Williams Treatment Snapshot

Client: Client, A | 103211720000014 | 1 Clear Client

TEDS/NOMS Status at Program Disenrollment (5/1/2014)

Disenrollment Type: Treatment completed

Last Face-to-Face Contact Date: 5/1/2014

Employment Status: Not Seeking Work

Living Arrangement: Private Res w/o Support

of Arrests in Last 30 Days or Since Admission, Whichever is Less: 0

Primary Drug Type: Alcohol Secondary Drug: None Tertiary Drug: None

Frequency of Use: No use in the past month N/A N/A

Actions: Discharge Client Transfer to another program

Cancel Save Finish

10. Click Discharge Client in the Actions box.

ms Agency, Williams Treatment Snapshot

Client: Client, A | 103211720000014 | 1 Clear Client

TEDS/NOMS Status at Program Disenrollment (5/1/2014)

Disenrollment Type: Treatment completed

Last Face-to-Face Contact Date: 5/1/2014

Employment Status: Not Seeking Work

Living Arrangement: Private Res w/o Support

of Arrests in Last 30 Days or Since Admission, Whichever is Less: 0

Primary Drug Type: Alcohol Secondary Drug: None Tertiary Drug: None


Frequency of Use: No use in the past month N/A N/A

Actions: Discharge Client Transfer to another program

Cancel Save Finish

Complete the Discharge & Close the Intake

NOTE: Use the Discharge Guidance for assistance in completing the Discharge screens according to IDAPA.

- 1. Complete each screen in the Discharge by selecting (the next arrow) .

ns Agency, Williams Treatment Generate Report Snapshot

Client: Client, A | 103211720000014 | 1 Clear Client

The last encounter date for this client was on 5/1/2014. It could be used as the Last Contact Date.

Discharge Profile

Discharged 5/1/2014

Date of Last Contact

Discharge Staff Staff, Clinical

Discharge Referral

Reason Treatment completed

Disposition

of times the client has attended a self-help program in the 30 days preceding the date of discharge from treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence.

ASAM Criteria

Dimension	Level of Risk	Level of Care	Comments
1 - Acute Intoxication and/or Withdrawal Potential			
At Intake	1.0 Outpatient	i	
At Discharge			
2 - Biomedical Conditions and Complications			
At Intake	1.0 Outpatient	i	
At Discharge			
3 - Emotional, Behavioral, or Cognitive Conditions and Complications			
At Intake	1.0 Outpatient	i	
At Discharge			
4 - Readiness to Change			
At Intake	1.0 Outpatient	i	
At Discharge			
5 - Relapse, Continued Use, or Continued Problem Potential			
At Intake	1.0 Outpatient	i	
At Discharge			
6 - Recovery / Living Environment			
At Intake	1.0 Outpatient	i	
At Discharge			

Cancel

Save

Finish

2. When the Discharge is complete, click **Finish**.

ms Agency, Williams Treatment Generate Report | Snapshot

Client: Client, A | 103211720000014 | 1 Clear Client

Discharge

Treatment Summary

Presenting Problem (In Client's Own Words): I don't have a problem. You do.

Strengths, Abilities, Needs, and Preferences of Person Served - Client Statement Regarding Progress

Enter information per the Discharge guidance.

Program Enrollment

Program Name	Start Date	End Date	Facility	Notes
Adult Outpatient	4/14/2014	5/1/2014	Williams Treatment	

Services Rendered

Service	# of Sessions
Outpatient (Individual with Family Members)	1
Outpatient (Individual)	1

Recommendations

Enter information per the Discharge guidance.

Cancel Save Finish ←

NOTE: Do not close the Intake until all Encounter Notes have been entered and Released To Billing.

3. Select **Yes** to Save & Close the Case (close the Intake). The Case becomes read-only.

17/21/14 **Idaho-WITS Training** Logout

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment Generate Report | Snapshot

Client: Client, A | 103211720000014 | 1 Clear Client

Client is discharged. Do you want to close this case also?

Yes No

Navigation Menu:

- Home Page
- Agency Contacts
- Agency
 - Group List
- Clinical Dashboard
- Authorization Dashboard
- Client List
 - Client Profile
 - Gain Short Screener
 - Benefit Application
 - Linked Consents
 - Contacts
 - Non-Episode Contact
 - Activity List
 - Intake